

KidZside ACTIVITY CONSENT FORM

Name of child _____

Name of parent(s) or guardian(s) _____

Address _____

Home telephone _____ Work telephone _____

Other person and/or number to call in emergency _____

Medical Information:

Is your child presently being treated for an injury or sickness or taking any medication?

Yes _____ No _____

If yes, please explain. _____

Does your child have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes _____ No _____ If yes, please explain. _____

Consent and Certification:

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in the following activity conducted by Hillside Fellowship. I certify that my child is physically fit and adequately prepared to participate in this event.

Medical Treatment Authorization:

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I authorize one or more of the adult chaperones designated by the pastor. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I understand that Hillside Fellowship will not be responsible for medical expenses incurred solely on the basis of this authorization. I also understand that the designated adult chaperones reserve

the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Signature of Parent or Guardian Date